

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 4353 VINEYARD AVE, OXNARD, CA. 93036		
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT		CASE NUMBER:

I, _____, Attorney at Law, have completed the following (check one):

Minimum standards of training as set forth in the Ventura Superior Court Rule 12.02.

Six months of recent experience in dependency proceedings.

The experience, training or education was obtained during the calendar year(s): _____

Dated: _____

Attorney: _____

VERIFICATION

I have read Ventura Superior Court Rule 12.02 and know its contents.

I am an attorney that practices regularly in the Juvenile Dependency Court, County of _____.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and that this Verification was executed on _____, at Ventura, California.

Attorney